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Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 1 - 1957

STANDARD CERTIFICATE OF DEATH

24434
STATE FILE NUMBER 3196

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Nebraska b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN Greenwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1016 Washington 32nd		d. STREET ADDRESS (If outside, give location) 1016 Washington 32nd	
3. NAME OF DECEASED (Type or print) William R. Brown		4. DATE OF DEATH 7-8-1957	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-21-1875	
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months 8 Days 2 Hours 15 Min. 0	
11. BIRTHPLACE (City and state or country) Nebr.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Brown		14. MOTHER'S MAIDEN NAME Martha Barr	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT W. E. Brown		Address Warsaw, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Heart Attack		INTERVAL BETWEEN ONSET AND DEATH 4500	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Brown (Degree or title) 3		22b. ADDRESS 1034 11th St. Bldg.	
22c. DATE SIGNED 7-10-57			
23a. BURIAL, CREMATION, REMAINS (Specify) Burial		23b. DATE 7-10-57	
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.		23d. LOCATION (City, town, or county) (State) Greenwood Nebr.	
24. FUNERAL DIRECTOR Passantino Bros		ADDRESS Ke Mo	
25. DATE RECD. BY LOCAL REG. 7-10-57		26. REGISTRAR'S SIGNATURE Thos. Marshall	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leonard Passantino

Licensed Embalmer No. 453

P. O. Address Ke mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.